Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AMERICAN INTERNATIONAL GROUP, INC.

ATTN HEAD OF GLOBAL BENEFITS

1271 AVENUE OF THE AMERICAS
FL 11
NEW YORK, NY 10020-1304

2b Employer Identification Number (EIN)
13-2592361

2c Plan Sponsor's telephone number
800-265-5054

2d Business code (see instructions)
524150

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	WENDY SCHICK DOUGALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	STACIE NOONAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AIG RETIREMENT BOARD
ATTN HEAD OF GLOBAL BENEFITS
1271 AVENUE OF THE AMERICAS, FL 11
NEW YORK, NY 10020-1304

3b Administrator's EIN
13-2592361

3c Administrator's telephone number
800-265-5054

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19922
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	5060
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5219
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13071
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	685
f	Total. Add lines **6d** and **6e**.	**6f**	18975
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	19879
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	18933
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIMENSIONAL FUND ADVISOR

DIMENSIONAL PLACE
6300 BEE CAVE ROAD, BUILDING ONE
AUSTIN, TX 78746

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD GROUP INC

100 VANGUARD BLVD
MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL ADVISORS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	1174256	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 50	NONE	130489	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	31923	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	11401	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MFO LOOMIS LARGE CAP GROWTH

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-012	C	578812035

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDING LOEVNER INT'L EQUITY CIT

b Name of sponsor of entity listed in (a): HARDING, LOEVNER FUNDS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6075499-001	C	50709831

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT

b Name of sponsor of entity listed in (a): MASSACHUSETTS FINANCIAL SERVICES

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0449260-001	C	202766203

a Name of MTIA, CCT, PSA, or 103-12 IE: MFO BLACKROCK TOTAL RETURN BOND FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-1246942-001	C	38953534

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLTV SHORT TERM INVT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	4375041

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL INTERNATIONAL STOCK INDEX FD

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6317280-001	C	325612828

a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST SMID CORE STRATEGY FUND CIT

b Name of sponsor of entity listed in (a): EARNEST PARTNERS LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-2592361-000	C	2034341

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RET INCOME TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735883-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30504183

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2020 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735899-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30070431

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2025 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735963-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78453427

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2030 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121923860

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2035 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735965-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148201006

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2040 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735971-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139121297

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2045 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175821532

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2050 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137090385

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2055 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75474979

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2060 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52550027

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2065 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19305603

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2070 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 88-6095930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5100110

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL INDEX TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6327546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1177321962

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL TOTAL BOND

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6321044-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219077117

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL EXTENDED MKT

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6324211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236356290

a Name of MTIA, CCT, PSA, or 103-12 IE: AIG MASTER TRUST

b Name of sponsor of entity listed in (a): AMERICAN INTERNATIONAL GROUP, INC.

c EIN-PN 13-2592361-007	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164450650

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4863514	4277337
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	322132
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	17411903	15345528
(9) Value of interest in common/collective trusts	1c(9)	3559714401	3849636022
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	171981301	164450650
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	729618724	777423294
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4483589843	4811454963
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	3388576	1811567
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3388576	1811567
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4480201267	4809643396

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	71433435	
(B) Participants	2a(1)(B)	66033919	
(C) Others (including rollovers)	2a(1)(C)	13732422	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		151199776
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1033547	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1033547
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	50840738	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		50840738
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		544467465
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5128834
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		76529365
c Other income	2c		318424
d Total income. Add all **income** amounts in column (b) and enter total	2d		829518149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	498749625	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		498749625
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	130489	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1182931	
(6) Bank or trust company trustee/custodial fees	2i(6)	11401	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1574	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1326395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		500076020
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		329442129
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		75000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

American International Group, Inc. Incentive Savings Plan

Financial Statements and Supplemental Schedule Required by ERISA

December 31, 2025 and 2024

American International Group, Inc. Incentive Savings Plan
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Supplemental Schedule Required by ERISA

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025 18

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of American International Group, Inc. Incentive Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of American International Group, Inc. Incentive Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

PricewaterhouseCoopers LLP
300 Madison Avenue
New York, New York 10017
(646) 471 3000

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

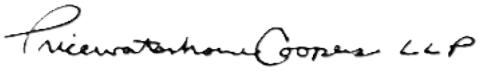
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

Form 5500, Schedule H - Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



New York, New York
October 2, 2026

American International Group, Inc. Incentive Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value (see Note 4)		
Mutual funds	$ 777,423,294	$ 729,618,724
Common collective trust funds	3,849,636,022	3,559,714,401
AIG Master Trust (see Note 5)	164,450,650	171,981,301
Total investments, at fair value	4,791,509,966	4,461,314,426
Receivables		
Employer contribution	4,277,337	4,863,514
Loans receivable from participants	15,345,528	17,411,903
Other Assets	322,132	-
Total receivables	19,944,997	22,275,417
Total assets	4,811,454,963	4,483,589,843
Liabilities		
Other Liabilities	1,811,567	3,388,576
Total liabilities	1,811,567	3,388,576
Net assets available for benefits	$ 4,809,643,396	$ 4,480,201,267

See accompanying notes to the financial statements.

American International Group, Inc. Incentive Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

		2025
Additions/(reductions) to net assets attributed to		
Investment income		
Net appreciation/(loss) in fair value of investments	$	620,996,830
Interest in the Income from AIG Master Trust		5,128,834
Dividend income		50,840,738
Net investment income/(loss)		676,966,402
Interest income from participant loans		1,033,547
Contributions		
Participants		66,033,919
Employer		71,433,435
Rollovers		13,732,422
Total contributions		151,199,776
Other additions		318,424
Total additions/(reductions) to net assets		829,518,149
Deductions from net assets attributed to		
Distributions paid to participants		498,749,625
Administrative expenses		152,139
Fees paid by participants		1,174,256
Total deductions from net assets		500,076,020
Net increase/(decrease)		329,442,129
Net assets available for benefits:		
Beginning of year		4,480,201,267
End of year	$	4,809,643,396

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the American International Group, Inc. Incentive Savings Plan (the "Plan") provides only general information. Plan participants should refer to the Plan document for a complete description of the Plan's provisions. Copies of the Plan documents are available from the Plan Administrator. The Plan Administrator is the AIG Retirement Board (the "Board").

General

The Plan was established on April 1, 1985 and was most recently restated as of January 1, 2025.

The Plan is a defined contribution 401(k) plan with matching contributions and non-elective 401(a) profit-sharing contributions. For 2025, the Plan satisfies the safe harbor rule under Section 401(k)(12) of the Internal Revenue Code of 1986, as amended (the "Code"), and thus is not subject to certain nondiscrimination testing. The Plan also is intended to comply with Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is sponsored by American International Group, Inc. (the "Company" or "AIG").

The overall Plan design is the responsibility of the Compensation and Management Resources Committee (the "CMRC") of the Board of Directors of AIG. The CMRC is not a fiduciary of the Plan. The overall responsibility for the administration of the Plan rests with the Board. The Board, whose members are appointed by the CMRC, is responsible, either directly or through delegations, for the day-to-day operations of the Plan. In addition, the AIG Investment Committee (the "Committee"), whose members are also appointed by the CMRC, is responsible for monitoring fund performance and examining and selecting new fund options for the Plan. The Board and Committee are named fiduciaries of the Plan.

Any common law employees of AIG and certain of its subsidiaries and affiliates regularly employed in the United States (including certain U.S. citizens employed abroad on a U.S. dollar payroll), but excluding any leased employees, interns or independent contractors working for such entities, are eligible to enroll in the Plan as soon as administratively feasible following an employee's date of hire. U.S. citizens employed by AIG (or an AIG subsidiary) in Bermuda and who are not married to Bermuda citizens are permitted to participate in the Plan.

Alight Solutions LLC ("Alight") is the service provider for Plan recordkeeping and administration services.

The main custodian and trustee of the Plan is The Northern Trust Company ("Northern Trust"), and the trustee of the AIG Master Trust is Northern Trust. The AIG Master Trust holds the Galliard Stable Value Fund (the "Stable Value Fund") and the AIG Stock Fund (the "Stock Fund"). The custodian of the Stock Fund is Northern Trust. The custodian for the Stable Value Fund is Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company.

Effective August 1, 2015, participants have the ability to appoint an investment advisor that is designated by the Board and the Committee to make investment elections with respect to a participant's account in the Plan. The Plan's designated investment adviser is Alight Financial Advisors, LLC.

Participant Accounts

Each participant's Plan account is credited with his/her employee contributions, the associated Company matching contributions, loan repayments and a non-elective, non-discretionary Company contribution of 3% of eligible compensation, plus an allocation of the investment income and/or (loss) and certain expenses, where applicable. Allocations are based on participant earnings, account balances, or specific participant transactions. The Plan benefit to which a participant is entitled is the amount of the participant's vested Plan account balance.

Contributions and Vesting

The Plan provides employees the opportunity to voluntarily contribute, on a pre-tax and/or Roth after-tax basis, an amount from 1% to 50% of their Plan eligible compensation, which is generally defined as base salary, commissions, overtime pay and annual short term incentive awards; provided, however, that no such contribution can exceed the maximum IRS employee deferral/contribution limit applicable for such year. The Plan permits acceptance of lump-sum rollover contributions from a qualified plan of a prior employer or other plan as deemed acceptable under the terms of the Plan. Newly hired or re-hired employees are automatically enrolled in the Plan at a 3% pre-tax contribution rate that will increase (escalate) by 1% each subsequent calendar year until a 6% pre-tax contribution rate is attained. Automatic enrollment into the Plan begins sixty (60) days from an employee's date of hire or re-hire; however, employees have the right to "opt-out" and forgo automatic enrollment during the 60-day period. In addition, participants who are not enrolled in the 1% automatic escalation feature noted above may elect voluntary "Auto-Escalation," which provides for automatic annual increases to their savings rates.

The Company matches 100% of the first 6% of eligible compensation contributed by a participant on a pre-tax and/or Roth after-tax basis and also provides a non-elective, non-discretionary Company contribution of 3% of eligible compensation up to the Internal Revenue Service ("IRS") maximum employee compensation limit ($350,000 for 2025); a company-match true-up provision is also in effect as described below. There is no Company match provided on rollover contributions.

Amounts allocated to a participant's Plan account, regardless of the source, immediately vest.

For 2025, pursuant to IRS rules, the total amount of a participant's pre-tax and/or Roth after-tax contributions was limited to $23,500. In addition to these amounts, participants who attain the age of 50 by the end of the Plan year are provided an opportunity to contribute up to an additional $7,500 (this maximum dollar limit amount is increased to $11,250 in 2025 for participants who were at least age 60 but not more than age 63 by the end of the applicable Plan year) in pre-tax and/or Roth after-tax age 50 catch-up contributions ("Catch-Up Contributions"). Catch-Up Contributions are not eligible for Company matching contributions. The maximum total employee and employer contribution limit as per Code Section 415(c) is $70,000 for 2025.

True-up provision

Company match true-up contributions, which are determined on an annual Plan year basis, are made to the Plan accounts to ensure that each participant receives the maximum Company matching contributions allowable under the Plan (subject to IRS limits) based on a participant's aggregate annual employee contributions to the Plan, regardless of the timing of when those contributions were made during the Plan year. Company matching true-up contributions are generally made by the end of the first quarter of the year following the applicable Plan year. During 2026 and 2025, the Company made true-up contributions into employee Plan accounts totaling $ 4,277,337 with respect to the 2025 Plan year and $4,863,514 with respect to the 2024 Plan year.

Investment Options

Plan assets are invested in the investment options offered under the Plan at the direction of Plan participants, and in accordance with the Plan document. If a new participant fails to select one or more investment options, such participant's account will be invested in the Plan's qualified default investment alternative, the Vanguard Target Retirement Date Trust Plus Fund ("Trust Plus" share class) applicable for the participant's anticipated retirement age.

Except as specified below, participants may make transfers between existing funds or change the allocation of their current contributions on a daily basis. Effective April 25, 2025, the Vanguard Federal Money Market Fund was replaced with the Vanguard Cash Reserves Federal Money Market Fund. Transfers and exchanges directly from the Stable Value Fund to the Vanguard Cash Reserves Federal Money Market Fund (a competing fund) are not allowed. Instead, transfers from the Stable Value Fund must be invested in a non-competing fund for a minimum of ninety (90) days before being exchanged to the Vanguard Cash Reserves Federal Money Market Fund.

Prior to May 4, 2009, only employer matching contributions could be invested in the Stock Fund, a fund that is invested in AIG common stock, if the participant had elected the Stock Fund as an investment option. As of May 4, 2009, no new contributions or exchanges could be invested in the Stock Fund. However, contributions invested in the Stock Fund prior to May 4, 2009 could remain invested or could be sold at the participant's election.

To reduce administrative and fund transaction costs associated with short-term trading by participants which can impact all investors in a particular fund, restrictions are placed on frequent or short-term trading. If a participant exchanges an amount of $10,000 or more out of a Vanguard fund, except for the Vanguard Cash Reserves Federal Money Market Fund, he or she must wait thirty (30) days before being able to exchange such amount back into the fund.

Distributions

A participant can withdraw the vested portion of his or her Plan account upon termination of employment, retirement, or death. In-service withdrawals are permitted at any age due to financial hardship, or disability. At age 59½ or older, participants are permitted to make in-service withdrawals of their vested amounts, at any time, while actively employed.

Participants who retire, leave the Company or become disabled and terminate employment can elect to receive a lump sum distribution equal to the entire value of their vested account, can elect to receive partial distributions or defer distributions from the Plan until age 73 if the account balance is more than $1,000. Distributions are mandatory for account balances of $1,000 or less, and $5,000 or less for spousal beneficiaries or alternate payees pursuant to a qualified domestic relations order. Assuming the account balance is more than $5,000, spousal beneficiaries may leave their account in the Plan until the later of December 31 of the calendar year following the calendar year in which the Plan participant dies, or December 31 of the calendar year following the calendar year in which the Plan participant would have attained age 73. A non-spousal beneficiary generally must receive the full value of the participant's account by December 31 of the calendar year following the calendar year in which the participant dies.

Distributions from the Plan (including those of pre-tax funds or earnings on pre-tax and after-tax funds) by the participant that are not rolled over into another qualified plan or an individual retirement account are subject to income tax and, depending on the Plan participant's age at distribution, may be subject to an additional 10% penalty tax. Participants requesting distributions from amounts invested in the Stock Fund may elect to receive the total in cash, in shares of AIG common stock, or in some combination of cash and shares. Fractional shares will be distributed in cash.

Participant Loans

The Plan has a general loan provision which enables employees who have a Plan account balance of at least $2,000 to borrow up to 50% of the value of their vested accounts, except that no loans will be made for less than $1,000 or more than $50,000. General purpose loans are granted for a period not to exceed five (5) years. A second loan option is available for the purchase of a primary residence. Primary residence loans are granted for a period not to exceed fifteen (15) years. The maximum amount that can be borrowed remains $50,000 minus the highest outstanding loan balance, if any, the participant had at any one time during the one (1) year period ending immediately before the date of the new loan; and the usual loan origination fee will continue to apply to each loan. The Company 3% Contributions are considered in determining the maximum amount available for a loan.

The rate of interest on any loan to a participant under the Plan will be determined by the Plan Administrator and will be equal to the prime rate of interest as of the 15th of the prior month in which the loan originates. Loans outstanding at December 31, 2025 have been issued at interest rates between 3.25% and 8.50%, and maturities range from January 2026 to November 2040. Loan repayments by participants who are employed by the Company, including principal and interest, are generally made through after-tax payroll deductions. Participants who are no longer employed by the Company, may submit loan repayments by check, money order or direct debit or ACH payments from an employee's personal U.S. bank account.

Each loan is secured by the vested balance in the participant's Plan account. If a participant defaults on his or her loan by failing to make timely repayments, the outstanding principal and interest due on the loan is treated as a deemed distribution and reported as a taxable distribution to the participant in the year of default. If the participant has an outstanding loan and takes a total distribution of his or her Plan benefit, the outstanding principal and interest due on the loan is deducted from the amount distributed to the participant. If a participant takes a partial distribution, the remaining account balance must be sufficient enough to cover the outstanding loan balance. The participant can elect to continue repaying the loan.

Forfeitures

Effective January 1, 2012, participants are fully vested at all times in amounts allocated to their accounts. Prior to January 1, 2012, participants terminating employment forfeited their non-vested Company contributions on the earlier of (1) the distribution of the entire non-forfeitable portion of their account, or (2) upon incurring a period equal to five (5) consecutive one-year breaks in service. Forfeitures were available to reduce future Company contributions and administrative expenses. Participants who terminated and were reemployed with the Company before incurring five (5) consecutive one-year breaks in service were entitled to the reinstatement of their non-vested or forfeited amounts, subject to certain provisions as stated in the Plan document. Amounts in the Plan's forfeiture account were $0 and $603,639 at December 31, 2025 and 2024, respectively. In 2025, forfeited contributions of $152,139 were used to pay administrative expenses of the Plan in accordance with Proposed Treasury (IRS) Regulation Section 1.401-7, issued on February 27, 2023, which requires that amounts in a forfeiture account must generally be used within twelve (12) months after the end of the plan year in which they were forfeited.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires plan management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; and disclosures including those for contingent assets and liabilities, at the date of the financial statements. Actual results could differ from those estimates and those differences could be material.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

The net appreciation/(depreciation) in the fair value of investments, including realized gains/(losses) and net change in unrealized gains/(losses), is reflected in the Statement of Changes in Net Assets Available for Benefits. Realized gains/(losses) on the disposal of investments are determined by specific identification and recognized on the trade date basis. Interest income is recorded on an accrual basis. Dividend income is recognized on the ex-dividend date. Purchases and sales are recorded on a trade date basis.

Loans Receivable from Participants

Participant loans are classified as Loans receivable from participants in the Statements of Net Assets Available for Benefits and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Distributions

Distributions paid to participants and beneficiaries are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from the financial statements. Loan origination fees and other related fees associated with loan receivables from participants, and Alight Financial Advisors, LLC. professional management fees are charged directly to the participant accounts and are included in administrative expenses.

3. Certified Investment Information

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the information in this footnote, as well as any information related to investments and investment activity, was prepared by or derived from information certified by Northern Trust and Principal Bank for the stable value fund pursuant to a sub-custodial and agency agreement with Principal Trust Company, the trustees and custodians, which was furnished to Plan management. Plan management has obtained certifications from the trustees and custodians that such information is complete and accurate.

	December 31,	
	2025	**2024**
Investments, at fair value	$ 4,791,509,965	$ 4,461,314,426
Loans receivable from participants	$ 15,345,528	$ 17,411,903
Investment income for the year ended		
Net appreciation/(depreciation) in fair value of investments	620,996,830	
Interest in the Income from AIG Master Trust	5,128,834	
Dividend income	50,840,738	
Net investment income	$ 676,966,402	
Interest income from participant loans	$ 1,033,547	

In addition, disclosures included in Notes 4 and 5 and the Supplemental Schedule of Assets (Held at End of Year) which are related to the investments and investment income detailed above have been derived from information certified by the trustee and custodian.

4. Fair Value Measurements

The Plan carries its investments at fair value, which for disclosure purposes are classified in accordance with a fair value hierarchy that prioritizes inputs to valuation techniques based on whether those inputs are observable or unobservable. Observable inputs, which reflect market data obtained from independent sources, and unobservable inputs, which reflect the Plan's market assumptions, create the fair value hierarchy under FASB Accounting Standards Codification ("ASC") 820, described as follows:

- Level 1 – Fair value measurements based on quoted prices for identical instruments in active markets.

- Level 2 – Fair value measurements based on quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and significant inputs and significant value drivers that are observable in active markets.

- Level 3 – Fair value measurements based on valuation techniques using one or more significant inputs or significant value drivers that are unobservable.

This hierarchy requires the Plan to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. The Plan's investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. Based on the Plan's investment strategy, Plan management believes it has no significant concentrations of risk.

Following are descriptions of the valuation methodologies used for instruments carried at fair value in the Plan; the methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other entities, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Mutual Funds

Shares of mutual funds are valued at the net asset value ("NAV") of the shares held by the Plan at year end. The NAV per share is calculated daily by each fund based on observable market values of the underlying securities within each fund. Mutual Funds are classified as Level 1 in the valuation hierarchy because mutual funds are publicly traded, and the NAV is quoted in active markets and may be redeemed daily.

Common Collective Trust Funds

Shares of common collective trust funds are valued at NAV of the shares held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Accordingly, the investments in common collective funds held at December 31, 2025 and 2024 were excluded from the leveling table. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trusts, the investment manager reserves the right to temporarily delay withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an

orderly business manner. The NAV per share is calculated daily by each fund based on observable market values of the underlying securities within each fund. Each common collective trust fund provides for daily redemptions by the Plan at reported net asset values per share, with no significant restrictions. These investments do not have unfunded commitments.

Investments at Fair Value by Level

The following tables present information about the Plan's investments measured at fair value and indicates the level of the fair value measurement based on the observability of the inputs used at December 31, 2025 and 2024, respectively.

	2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Mutual Funds	$ 777,423,294	$ -	$ -	$ 777,423,294
AIG Master Trust - AIG Stock	$3,419,262	-	-	3,419,262
Total Investments	$ 780,842,556	$ -	$ -	$ 780,842,556
Other Investments Measured at Net Asset Value				
Common Collective Trust Funds				3,849,636,022
AIG Master Trust - Stable Value Fund				161,031,388
Total Other Investments Measured at Net Asset Value				$ 4,010,667,410
Total investments, at fair value				$ 4,791,509,966

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2025.

	2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Mutual Funds	$ 729,618,724	$ -	$ -	$ 729,618,724
AIG Master Trust - AIG Stock	$3,246,734	-	-	3,246,734
Total Investments	$ 732,865,458	$ -	$ -	$ 732,865,458
Other Investments Measured at Net Asset Value				
Common Collective Trust Funds				3,559,714,401
AIG Master Trust - Stable Value Fund				168,734,567
Total Other Investments Measured at Net Asset Value				$ 3,728,448,968
Total investments, at fair value				$ 4,461,314,426

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2024.

5. Master Trust Information – AIG Master Trust

A portion of the Plan's investments are held in the AIG Master Trust, which is a master trust established by AIG to hold certain assets for two defined contribution plans. The AIG Master Trust holds the Stable Value Fund and the Stock Fund. The trustee of the AIG Master Trust is Northern Trust. The custodian of the Stock Fund is Northern Trust. The custodian of the Stable Value Fund is the Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company.

Each participating plan has a divided interest in the AIG Master Trust based on the individual plan participants' investment elections. The value of each plan's interest is based on the beginning of the year value of the plan's interest in the AIG Master Trust plus the plan's participants' contributions and allocated investment income, less withdrawals, and allocated expenses.

The following table presents the net assets of the AIG Master Trust as of December 31, 2025 and 2024:

	Master Trust Balances as of December 31,		Plan's Balances as of December 31,	
	2025	2024	2025	2024
AIG Stock Fund				
AIG common stock, at fair value	$3,436,030	$3,261,003	$3,419,262	$3,246,734
Galliard Stable Value Fund				
Collective trusts	4,068,613	3,523,509	4,049,897	3,507,301
Synthetic Guaranteed Investment Contract, at contract value	157,789,604	166,118,414	157,093,745	165,348,573
Net investments Galliard Stable Value Fund	161,858,217	169,641,923	161,143,642	168,855,874
Liabilities	(112,773)	(121,868)	(112,254)	(121,307)
Net Assets Galliard Stable Value Fund	161,745,444	169,520,055	161,031,388	168,734,567
Total net assets AIG Master Trust	$165,181,474	$172,781,058	$164,450,650	$171,981,301

The following are the changes in net assets for the AIG Master Trust for the year ended December 31, 2025.

	For the year ended December 31, 2025
Net Appreciation (depreciation) in fair value of investments	$546,542
Interest Income	4,600,880
Net transfers	(12,747,006)
Increase (decrease) in net assets	(7,599,584)
Net assets:	
Beginning of year	$172,781,058
End of year	$165,181,474

Investment Valuation

Following are descriptions of the valuation methodologies used for AIG Master Trust investments carried at fair value:

Common Stock

Valued at the closing price reported on the active market on which the security is traded.

Collective Trusts

Valued at the fair value of the underlying investments held by the fund less its liabilities.

Fully-benefit Responsive Investment Contracts

The Stable Value Fund invests in fully-benefit responsive investment contracts issued by insurance companies and other financial institutions. Contract value is the relevant measurement attributable to the portion of net assets available for benefits attributable to the fully benefit-responsive investment contracts. Contract value represents contributions made to the investment contract plus earnings, less participant withdrawals and administrative expenses. Synthetic GICs are backed by fixed income assets and are wrapped by financially responsible insurance companies. The Master Trust owns the underlying investments of the Synthetic GICs.

Risks arise when entering into any investment contract due to the potential inability of the issuer to meet the terms of the contract. In addition, synthetic guaranteed investment contracts have the risk of default or the lack of liquidity of the underlying portfolio assets. The credit risk of each issuer is evaluated and monitored through the stable value account portfolio manager's credit analysis. The credit analysis includes, but is not limited to, asset quality and liquidity, management quality, surplus adequacy, and profitability. The Plan requires that the issuers of each contract have a minimum quality rating as of the contract effective date and that all underlying portfolio assets be rated investment grade at the time of purchase.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Plan management does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

6. Tax Status

The Plan received a determination letter from the IRS dated November 28, 2017, stating that the Plan is qualified under the appropriate sections of the Code and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving that determination letter, and the Plan Administrator and legal counsel believe the Plan document remains in compliance with ERISA and the Code, and that the Plan is being operated in material compliance with the applicable requirements of the Code. In Announcement 2015-19, issued on July 21, 2015, the IRS said it is eliminating the staggered five-year determination letter remedial amendment cycles for individually designed tax-qualified retirement plans

effective January 1, 2017.

Tax positions taken by the Plan must be evaluated and a tax liability (or asset) recognized if the Plan Administrator deems it more-likely-than-not that the Plan has taken an uncertain position that would not be sustained upon examination by the IRS. As of December 31, 2025, it was determined that there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

7. Administrative Expenses

The Plan recorded administrative expenses including asset management, trustee, custodial and recordkeeping fees amounting to $152,139 for the year ended December 31, 2025. Professional fees and all administrative expenses in excess of any forfeited contributions used to pay those fees and expenses are paid by the Company.

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. Were the Plan to terminate, participants would receive the full value of their accounts.

9. Related Party Transactions

Northern Trust is the trustee of the Plan, and the trustee of the AIG Master Trust that holds the Stable Value Fund and the Stock Fund. The custodian for the Stable Value Fund is Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company. The custodian of the Stock Fund is Northern Trust. Therefore, the Plan's investments with these financial institutions may be considered party-in-interest transactions.

The Plan holds shares of AIG common stock through the Stock Fund. The Plan held 39,968 and 44,598 units of the Stock Fund with a fair value of $3,419,262 and $3,246,734 at December 31, 2025 and 2024, respectively. As a result of cash dividend payments to the Stock Fund, the Plan purchased $8,366 and $23,951 of AIG Stock for the Stock Fund during the years ended December 31, 2025, and 2024, respectively. Also, the Plan sold $60,981 and $33,726 of the Stock Fund during the years ended December 31, 2025, and 2024, respectively. The Plan received dividends of approximately $73,982 on the Stock Fund for the year ended December 31, 2025.

Additionally, for the Plan year ended December 31, 2025, the Company paid fees of $486,537 to Alight. These fees are calculated monthly based on the number of plan participants.

10. Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate fluctuations, market volatility and credit risk. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks and changes in the value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the Statements of Net Assets Available for Benefits.

Plan investments include a variety of investments that may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

At December 31, 2025 and 2024, less than 1% of the Plan's total investments were invested in the Stock Fund. The value of the underlying Company stock is subject to operational and market risks.

11. Plan Transfers

There were no direct transfers during 2025 either into the Plan from other qualified retirement plans or out of the Plan to other qualified retirement plans (other than individual rollovers in the normal course).

12. Subsequent Events

The Plan's management evaluated subsequent events through October 02, 2026, the date on which the financial statements were available to be issued, and, with the exception of the event described below, no additional disclosures or adjustments were required.

Effective as of January 1, 2026, the Retirement Board approved the adoption of Amendment No. 1 to the January 1, 2025 Restatement of the Plan, providing that, pursuant to Section 603 of the SECURE 2.0 Act of 2022, Catch-Up Contributions made to the Plan on and after January 1, 2026 by certain highly-paid Participants must be made only as Roth (after-tax) contributions.

American International Group, Inc. Incentive Savings Plan
Form 5500, Schedule H – Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

	Issue	Description	Cost **	Current Value	
*	AIG Master Trust	Master Trust		164,450,650	***
	DFA U.S. Small Cap Value Portfolio	Equity Mutual Fund		100,495,800	***
	Earnest Partners SMID Cap Core Strategy CIT Fund	Common Collective Trust Fund		2,034,341	***
	Vanguard Wellington Fund Admiral Shares	Balanced Mutual Fund		462,944,250	***
	Vanguard Instl Total International Stock Market Index Trust	Common Collective Trust Fund		325,612,828	***
	Vanguard Cash Reserves FEDERAL MONEY MARKET INV	Fixed Income Mutual Fund		213,983,244	***
	Vanguard Institutional Index Trust	Common Collective Trust Fund		1,177,321,962	***
	Loomis Sayles Large Cap Growth CIT Fund	Common Collective Trust Fund		578,812,035	***
	MFS Large Cap Value CIT	Common Collective Trust Fund		202,766,203	***
	Vanguard Institutional Total Bond Market Index Trust	Common Collective Trust Fund		219,077,117	***
	Harding Loevner International Equity Collective Investment Trust	Common Collective Trust Fund		50,709,831	***
	BlackRock Total Return Bond Fund Trust	Common Collective Trust Fund		38,953,534	***
	Vanguard Institutional Extended Market Index Trust	Common Collective Trust Fund		236,356,290	***
	Vanguard Target Retirement Income Trust Plus	Common Collective Trust Fund		30,504,183	***
	Vanguard Target Retirement 2020 Trust Plus	Common Collective Trust Fund		30,070,431	***
	Vanguard Target Retirement 2025 Trust Plus	Common Collective Trust Fund		78,453,427	***
	Vanguard Target Retirement 2030 Trust Plus	Common Collective Trust Fund		121,923,860	***
	Vanguard Target Retirement 2035 Trust Plus	Common Collective Trust Fund		148,201,006	***
	Vanguard Target Retirement 2040 Trust Plus	Common Collective Trust Fund		139,121,297	***
	Vanguard Target Retirement 2045 Trust Plus	Common Collective Trust Fund		175,821,532	***
	Vanguard Target Retirement 2050 Trust Plus	Common Collective Trust Fund		137,090,385	***
	Vanguard Target Retirement 2055 Trust Plus	Common Collective Trust Fund		75,474,979	***
	Vanguard Target Retirement 2060 Trust Plus	Common Collective Trust Fund		52,550,027	***
	Vanguard Target Retirement 2065 Trust Plus	Common Collective Trust Fund		19,305,603	***
	Vanguard Target Retirement 2070 Trust Plus	Common Collective Trust Fund		5,100,110	***
*	Northern Trust Collective Short Term Investment Fund	Common Collective Trust Fund		4,375,041	***
	Total Investments			4,791,509,966	
*	Loans receivable from participants	Loans issued at interest rates between 3.25% and 8.50% with maturity dates ranging from January 2025 to September 2039.		15,345,528	***
	Total			$ 4,806,855,494	

* Party-in-interest.

** Cost is not required for participant directed investments.

*** These investments were derived from information certified by The Northern Trust Company and Principal Bank, Custodians and Trustees, as complete and accurate.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

AMERICAN INTERNATIONAL GROUP, INC.

ATTN HEAD OF GLOBAL BENEFITS
1271 AVENUE OF THE AMERICAS
FL 11
NEW YORK NY 10020-1304

2b Employer Identification Number (EIN)
13-2592361

2c Plan Sponsor's telephone number
800-265-5054

2d Business code (see instructions)
524150

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Wendy Schick Dougall	10/6/2026	WENDY SCHICK DOUGALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Stacie Noonan	10/6/2026	STACIE NOONAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AIG RETIREMENT BOARD
ATTN HEAD OF GLOBAL BENEFITS
1271 AVENUE OF THE AMERICAS, FL 11

NEW YORK NY 10020-1304

3b Administrator's EIN: 13-2592361

3c Administrator's telephone number: 800-265-5054

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19,922
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	5,060
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5,219
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13,071
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18,290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	685
f	Total. Add lines **6d** and **6e**.	**6f**	18,975
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	19,879
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	18,933
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Plan Name	**AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN**
Plan Sponsor EIN	**13-2592361**
ERISA Plan No.	**003**
Plan Year End	**12/31/2025**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	**Line Item**	**Description**
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)